



# FY 2015-16 Approved Targeted Rate Increases Fact Sheet

This Fact Sheet provides details on targeted Medicaid rates the General Assembly approved for increases to mitigate rate inequities, improve access to care, and improve health outcomes. Approved Across-the-Board increases, if applicable, may increase the rates listed here.

---

*Unless specified below, retroactive payments will be made if the new rate was not paying on July 1, 2015.*

## 1. Special Connections Outpatient Group Rate (Substance Use Disorder Treatment services for pregnant women)

Approved: Increased outpatient therapy rates from 50% to 100% of Medicaid Fee-For-Service rate (from \$15.32/hr. to \$29.30/hr.).

Federal Authority: State Plan Amendment required.

Timeline: Federal approval has been received. Increased rate has been loaded into the MMIS and is paying. Rate adjustments to claims submitted 7/1-present are in progress.

## 2. Special Connections Per Diem Rate

Approved: Increase per diem reimbursement rates by 20% (\$156.31 to \$187.57).

Federal Authority: State Plan Amendment required.

Timeline: Federal approval has been received. Increased rate has been loaded into the MMIS and is paying. Rate adjustments to claims submitted 7/1-present are in progress.

## 3. Prostate Biopsy

Approved: Increase rate for prostate biopsies (55700) to \$107.87.

Federal Authority: State Plan Amendment required.



Timeline: Federal approval has been received. Increased rate has been loaded into the MMIS and is paying. Rate adjustments to claims submitted 7/1-present are in progress.

#### **4. Diabetic Self-Management Education Group Visits**

Approved: G0108 and G0109 will be opened and priced at \$40.22 and \$11.04, respectively.

Federal Authority: State Plan Amendment required.

Timeline: Federal approval has been received. Increased rate has been loaded into the MMIS and is paying. Rate adjustments to claims submitted 7/1-present are in progress.

#### **5. Dental X-Rays**

Approved: Increased reimbursement for intra-oral complete mouth series (D0210) from \$53.11 to \$78.36.

Federal Authority: State Plan Amendment approved by CMS, effective date: 7/1/2015.

Timeline: All claims systems have been updated and the new rates went into effect on the 7/1/2015 effective date. No retro claims adjustments will be required.

#### **6. Option: Dental Sealants for Children**

Approved: Increased reimbursement for sealants (D1351/D1352/D1353) from \$23.90 to \$32.73.

Federal Authority: State Plan Amendment approved by CMS, effective date: 7/1/2015.

Timeline: All claims systems have been updated and the new rates went into effect on the 7/1/2015 effective date. No retro claims adjustments will be required.

#### **7. Vision Retinal Services**

Approved: Increase to CPT codes as listed below:

- CPT 92250 increased to \$59.75
- CPT 92225 increased to \$20.51

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.  
[www.colorado.gov/hcpf](http://www.colorado.gov/hcpf)



- CPT 92226 increased to \$18.90
- CPT 92235 increased to \$83.58
- CPT 67105 increased to \$548.69

Federal Authority: State Plan Amendment required.

Timeline: Federal approval has been received. Increased rate has been loaded into the MMIS and is paying. Rate adjustments to claims submitted 7/1-present are in progress.

## 8. Eye Materials

Approved: Increase to rates for children's lenses and frames as listed below:

• Vision svcs frames purchases V2020	\$34.83
• Lens spher single plano 4.00 V2100	\$22.72
• Single visn sphere 4.12-7.00 V2101	\$22.72
• Singl visn sphere 7.12-20.00 V2102	\$22.72
• Spherocylindr 4.00d/12-2.00d V2103	\$22.72
• Spherocylindr 4.00d/2.12-4d V2104	\$28.61
• Spherocylinder 4.00d/4.25-6d V2105	\$36.04
• Spherocylinder 4.00d/>6.00d V2106	\$40.05
• Spherocylinder 4.25d/12-2d V2107	\$28.61
• Spherocylinder 4.25d/2.12-4d V2108	\$34.55
• Spherocylinder 4.25d/4.25-6d V2109	\$40.05
• Spherocylinder 4.25d/over 6d V2110	\$45.91
• Spherocylindr 7.25d/.25-2.25 V2111	\$34.55
• Spherocylindr 7.25d/2.25-4d V2112	\$40.05
• Spherocylindr 7.25d/4.25-6d V2113	\$45.91
• Spherocylinder over 12.00d V2114	\$51.86
• Tint photochromatic lens/es V2744	\$5.11
• Tint, any color/solid/grad V2745	\$5.11
• Lens polycarb or equal V2784	\$6.83

Federal Authority: State Plan Amendment required.

Timeline: Federal approval has been received. Increased rate has been loaded into the MMIS and is paying. Rate adjustments to claims submitted 7/1-present are in progress.

## 9. Physical and Occupational Therapy Services

Approved: Increase to CPT codes as listed below:

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

[www.colorado.gov/hcpf](http://www.colorado.gov/hcpf)



- CPT 97140 increased to \$27.18
- CPT 97112 increased to \$30.42
- CPT 97001 increased to \$68.54
- CPT 97002 increased to \$38.49
- CPT 97530 increased to \$31.73
- CPT 97110 increased to \$29.12

Federal Authority: State Plan Amendment required.

Timeline: Federal approval has been received. Increased rate has been loaded into the MMIS and is paying. Rate adjustments to claims submitted 7/1-present are in progress.

## 10. Prenatal and Postpartum Care Services

Approved: Increase to CPT codes as listed below:

- CPT 59430 increased to \$134.05
- CPT 59425 increased to \$331.51
- CPT 59426 increased to \$593.10

Federal Authority: State Plan Amendment required.

Timeline: Federal approval has been received. Increased rate has been loaded into the MMIS and is paying. Rate adjustments to claims submitted 7/1-present are in progress.

## 11. In-Home Respite

Approved: Rate increase for BI, EBD, and SCI Home and Community Based Services in-home respite from \$3.24/unit to \$4.87/unit.

Federal Authority: Rule change and waiver amendment required. **Retroactive billing unavailable.**

Timeline: Implementation will be effective following: 1) Federal approval, and 2) Loading of the new rates into the MMIS, which takes 4-6 weeks following federal approval.

Implementation Status: Submitted for Public Comment on 9/15/15.

## 12. Dental Codes Group 2, Fillings and Extractions

Approved: Increase to 65% of Usual and Customary for CDT codes as listed below:

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.  
[www.colorado.gov/hcpf](http://www.colorado.gov/hcpf)



• Amalgam - one surface, primary or permanent D2140	\$82.02
• Amalgam - two surface, primary or permanent D2150	\$101.77
• Amalgam - three surface, primary or permanent D2160	\$122.34
• Amalgam - four or more surfaces, primary or permanent D2161	\$145.78
• Resin-based composite - one surface, anterior D2330	\$94.51
• Resin-based composite - two surfaces, anterior D2331	\$116.94
• Resin-based composite - three surfaces, anterior D2332	\$143.38
• Resin-based composite - four or more surfaces, anterior D2335	\$173.00
• Resin-based composite - crown, anterior D2390	\$227.27
• Resin-based composite - one surface, posterior D2391	\$104.29
• Resin-based composite - three surfaces, posterior D2392	\$135.79
• Resin-based composite - two surfaces, posterior D2393	\$163.66
• Resin-based composite - four or more surfaces, posterior D2394	\$193.69
• Extraction, coronal remnants - deciduous tooth D7111	\$71.76
• Extraction, erupted tooth or exposed root (elevation and/or forceps removal) - D7140	\$96.49
• Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth - D7210	\$154.42
• Removal of impacted tooth - soft tissue D7220	\$177.52
• Removal of impacted tooth - partially bony D7230	\$223.28
• Removal of impacted tooth - completely bony D7240	\$262.00
• Removal - Impact Tooth Comp Bony Surg Comp D7241	\$350.00
• Surgical removal of residual tooth roots (cutting procedure) D7250	\$163.34
• Coronectomy - D7251	\$336.00

Federal Authority: State Plan Amendment approved by CMS, effective date: 7/1/2015.

Timeline: All claims systems have been updated and the new rates went into effect on the 7/1/2015 effective date. No retro claims adjustments will be required.

### 13. Home Health/Private Duty Nursing

Approved: Increase Private Duty Nursing rate from \$40.83 to \$45.00 per hour.

Federal Authority: State Plan Amendment required.

Timeline: Federal approval has been received. Increased rate has been loaded into the MMIS and is paying, effective 7/13/2015. Rate adjustments to claims submitted 7/1-7/12/2015 were completed 7/20/2015.

### 14. HCBS Personal Care/Homemaker

Approved: Increases as shown below:

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.  
[www.colorado.gov/hcpf](http://www.colorado.gov/hcpf)



- EBD, CMHS, SCI, and CCT Personal Care \$4.25
- EBD/CMHS/SCI/CCT Relative Personal Care \$4.25
- BI Personal Care \$4.25
- BI Relative Personal Care \$4.25
- EBD, CMHS, SCI, and CCT Homemaker \$4.25
- CES and SLS Homemaker (Basic) \$4.25
- EBD and SCI IHSS-Personal Care \$4.25
- EBD and SCI IHSS-Relative Personal Care \$4.25
- EBD and SCI IHSS-Homemaker \$4.25

Federal Authority: Waiver Amendments required. **Retroactive billing unavailable for this increase.**

Timeline: Implementation will be effective following: 1) Federal approval, and 2) Loading of the new rates into the MMIS, which takes 4-6 weeks following federal approval.

Implementation Status: Submitted for Public Comment on 9/15/15.

## 15. Anesthesia Services

Approved: Increased conversion factor from \$20.98 to \$28.47.

Federal Authority: State Plan Amendment required.

Timeline: Federal approval has been received. Increased rate has been loaded into the MMIS and is paying. Rate adjustments to claims submitted 7/1-present are in progress.

## 16. Emergency Medical Transport

Approved: Increase to codes as listed below:

- Out of State Amb. Mileage, Per Mile A0021 \$1.42
- Recipient Lodging Per Day A0180 \$38.98
- Recipient Meals Per Day A0190 \$17.16
- Escort Meals Per Day A0210 \$17.16
- Ambulance 02 life sustaining A0422 \$12.07
- Ground mileage A0425 \$1.80
- AIs 1 A0426 \$108.14
- ALS1-emergency A0427 \$145.33
- bls A0428 \$108.07

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.  
[www.colorado.gov/hcpf](http://www.colorado.gov/hcpf)



---

• BLS-emergency A0429	\$99.59
• Fixed wing air transport A0430	\$2,043.10
• Fixed wing air transport - modified A0430HH	\$4,110.32
• Rotary wing air transport A0431	\$1,909.65
• als 2 A0433	\$174.40
• Specialty care transport A0434	\$199.15
• Unlisted Ambulance Service	\$9,388.57
• N-et; encounter / trip T2003	\$1.82

Federal Authority: State Plan Amendment required.

Timeline: Federal approval has been received. Increased rate has been loaded into the MMIS and is paying, effective 7/23/2015. Rate adjustments to claims submitted 7/1-8/2/2015 were completed 8/3/2015.

